

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
F	N	J	D	0	0	0	3	0	4	7	8	2	3	D

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1	SKIP	B E C T O N D I C K I N S O N & C O M P A N Y
---	------	---

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)		
2	T R E T I A K W A L T E R S R F A C I L E N G R	2 0 1	4 6 0	2 8 0 6

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX		B. CITY OR TOWN		C. STATE	D. ZIP CODE
3	S T A N L E Y S T R E E T	E. R U T H E R F O R D	N J	0 7 0 7 3	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER		B. COUNTY NAME		C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5	S T A N L E Y S T R E E T	B E R G E N	E. R U T H E R F O R D	N J	0 7 0 7 3		

VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

E. STREET OR P.O. BOXF. CITY OR TOWN

X. EXISTING ENVIRONMENTAL PERMITS

B. UIC (Underground Injection of Fluids)

C. RCRA (Hazardous Wastes)

XI. MAP

F9: A/50

$$F_9: \frac{A}{51}$$

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

COMMENTS FOR OFFICIAL USE ONLY

PA Form 3510-1 (6-80)

EPA Form 3510-3 (6-80) PAGE 1 OF 5 CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 - Ethylene Oxide is mixed with water in vacuum pump prior to discharge to POTW.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE **CODE**
 POUNDS P
 TONS T

METRIC UNIT OF MEASURE **CODE**
 KILOGRAMS K
 METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
<div> <div>W</div> <div>N J D 0 0 0 0 3 0 4 7 8 2</div> <div> <div>T/A</div> <div>C</div> <div>1</div> </div> </div>													<div> <div>W</div> <div>DUP</div> <div> <div>T/A</div> <div>C</div> <div>3 2</div> </div> <div>DUP</div> </div>														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))															
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
001	1	F 0 0 1	30,000	P	S 0 1	S 0 2																					
002	2	F 0 0 2																									Included with above.
003	3	U 2 8 8																									Included with above.
	4	F 0 0 7	400	P	S 0 2	T 0 1																					
	5	F 0 0 8	600	P	S 0 2	T 0 1																					
	6	F 0 0 9	50,000	P	S 0 2	T 0 1																					
	7	P 1 0 6	38	P	S 0 2	T 0 1																					
	8	U 0 0 2	25,000	P	S 0 1	S 0 2																					
	9	U 1 1 5	7,200	P																							Mix with water in vacuum pump and discharge to POTW.
	10	U 1 5 1	50	P	S 0 1																						
	11	U 1 5 4	12,000	P	S 0 1	S 0 2																					
	12	U 0 1 9	10	P	S 0 1																						
	13	D 0 0 1	20	P	S 0 1																						
	14	D 0 0 2	20	P	S 0 1																						
	15	D 0 0 3	20	P	S 0 1																						
	16	D 0 0 0	20	P	S 0 1																						
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	25																										
	26																										

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

F6: ^A55 F6: ^A56

EPA I.D. NO. (enter from page 1)														
F	N	J	D	0	0	0	3	0	4	7	8	2	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

4	0	4	9	3	0	0
55	56	57	58	59	60	61

LONGITUDE (degrees, minutes, & seconds)

0	7	4	0	5	3	6	0
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER												2. PHONE NO. (area code & no.)																																																																																																			
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3. STREET OR P.O. BOX												4. CITY OR TOWN												5. ST.				6. ZIP CODE																																																																																			
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IX. OWNER CERTIFICATION

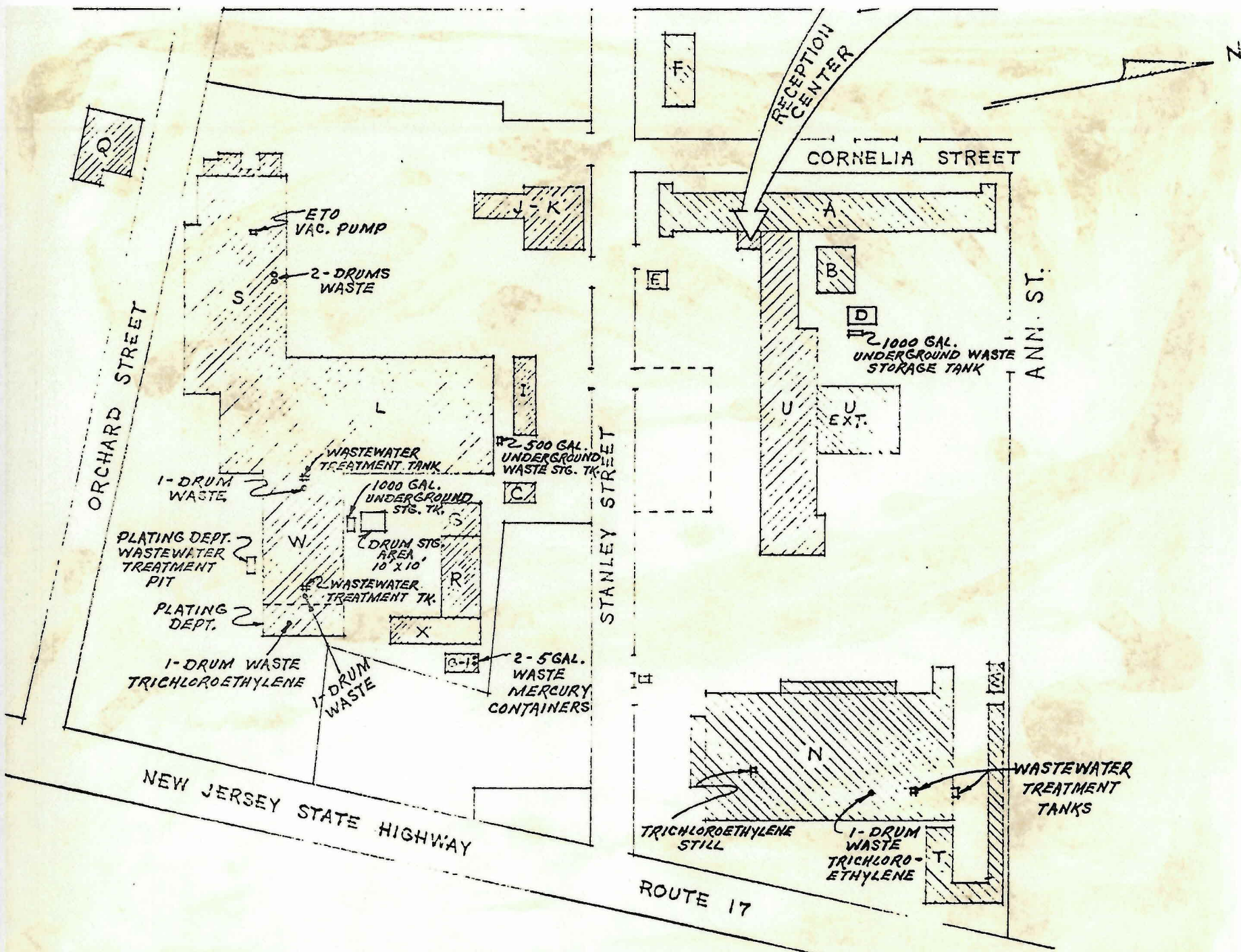
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)												B. SIGNATURE												C. DATE SIGNED											
Photios T. Paulson, Group President																								11/24/80											

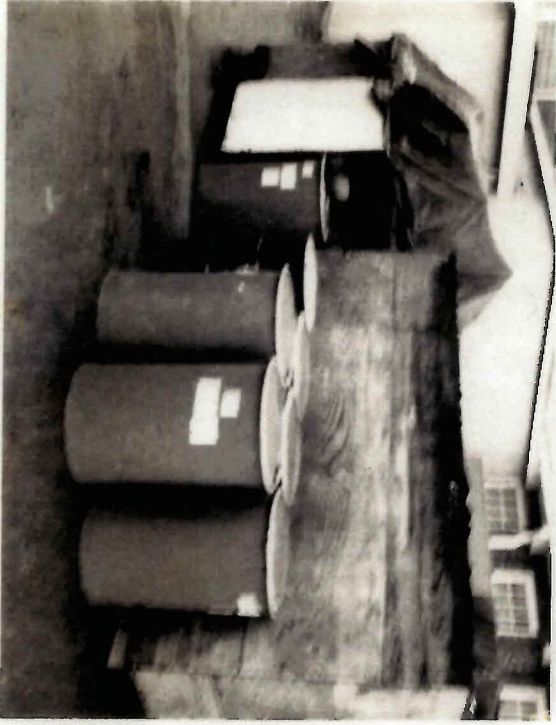
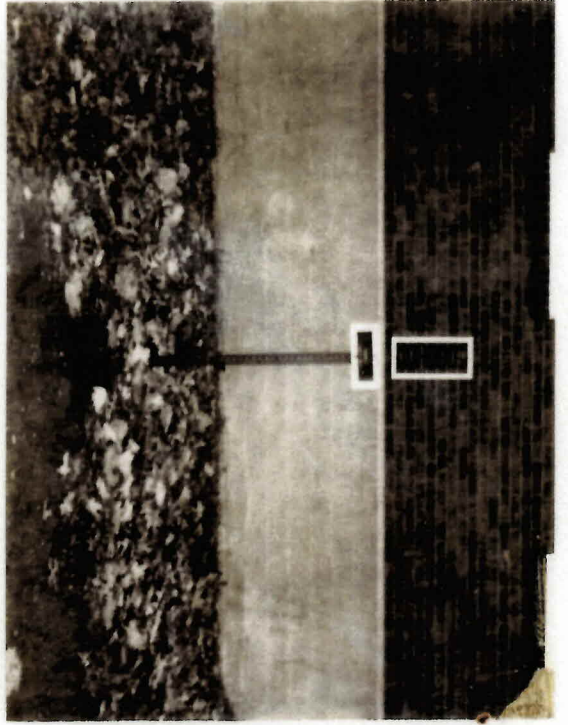
X. OPERATOR CERTIFICATION

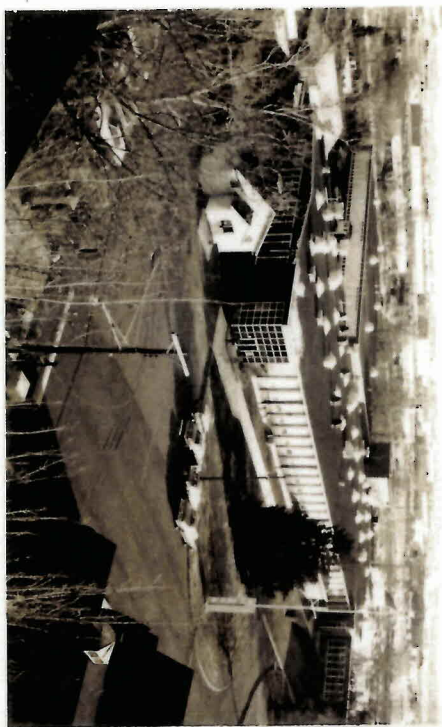
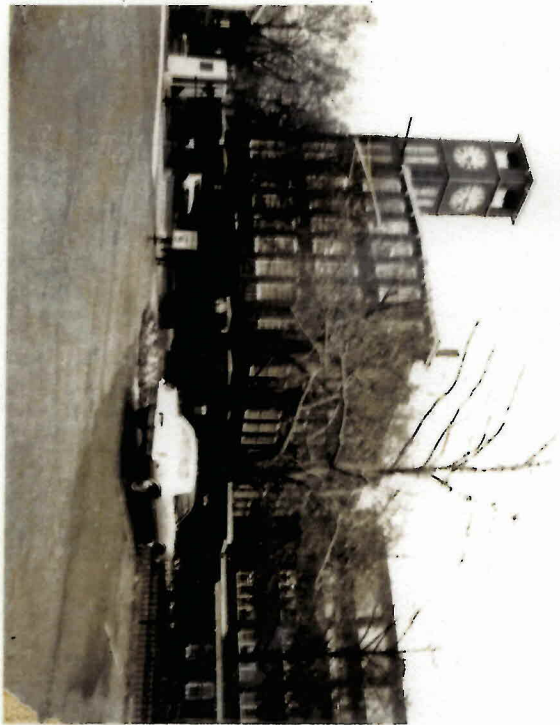
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)												B. SIGNATURE												C. DATE SIGNED											



SCALE: 1" = 200'









State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT
32 E. Hanover St., CN 028, Trenton, N.J. 08625

DR. MARWAN M. SADAT, P.E.
DIRECTOR

LINO F. PEREIRA, P.E.
DEPUTY DIRECTOR

23 OCT 1985

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ted Tideman
Sr. Facilities Engineer
Becton-Dickinson & Company
E. Rutherford, New Jersey 07070

RE: Becton-Dickinson, East Rutherford
EPA ID NO. NJD 000 304 782

Dear Mr. Tideman:

The Solid Waste Management Act (N.J.S.A. 13:1E-1 et seq.) authorized the New Jersey Department of Environmental Protection (NJDEP) to establish a program requiring permits for hazardous waste treatment, storage or disposal facilities. NJDEP has issued regulations to implement this permit program, which can be found under N.J.A.C. 7:26-1.1 et seq.

Pursuant to these regulations, specifically N.J.A.C. 7:26-12.3, your facility has been operating as an existing facility since the New Jersey Hazardous Waste Management Regulations (N.J.A.C. 7:26-1.1 et seq.) became effective on October 8, 1981. Our records show that you have submitted either Part A of the USEPA RCRA Permit Application or Part A of the New Jersey Hazardous Waste Facility Permit Application. If necessary, your Part A application shall be revised to reflect the requirements of N.J.A.C. 7:26-1.1 et seq. Forms may be obtained from this office or U.S.E.P.A. Region II at (212) 264-9880.

This letter shall constitute an official request for the complete New Jersey Hazardous Waste Facility Permit Application, which shall include items set forth in Attachment I.

Your alternative information statement and affidavit should be submitted no later than three (3) months from the date of this letter. The remaining sections of your application should be submitted no later than six (6) months from the date of this letter. Failure to submit the required application by this date shall constitute grounds for termination of existing facility status pursuant to N.J.A.C. 7:26-12.3(f) 2.

23 OCT 1985

As stated above, your full application is not due until six (6) months from the date of this letter. However, I would encourage you to start work on it as early as possible because there is a significant amount of information to be submitted. All submittals should be addressed to the attention of:

Frank Coolick, Chief
Bureau of Hazardous Waste Engineering
Division of Waste Management
New Jersey Department of Environmental Protection
8 East Hanover Street
Trenton, New Jersey 08625

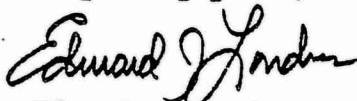
Initially, all applicants shall submit three (3) copies of the application. The Department will notify the applicant as to how many additional copies are needed for distribution to appropriate state and local authorities when it completes its initial evaluation of the application.

Should you wish to treat part of your application as confidential information, please refer to Attachment II, which outlines the procedures to be followed in making this claim.

I have taken the liberty of scheduling two (2) application conferences in order to assist you in preparing this application. These conferences have been scheduled for December 4, 1985 and January 30, 1986 at 10:00 am. These conferences will be held in the conference room, 8 East Hanover Street, Trenton, New Jersey 08625. If it is determined that one or both of these conferences is unnecessary, please notify my office of the cancellation.

Should you have any questions regarding this official request to submit your Hazardous Waste Facility Permit Application, please do not hesitate to contact me at (609) 984-6724 or the Bureau of Hazardous Waste Engineering at (609) 984-4892.

Very truly yours,



Edward J. Londres, P.E.
Assistant Director
Engineering

EP10:lk

Attachments

c: Angel Chang, USEPA, ✓

• WELLS (WATER)

